

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031972

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 274Primary Registration District No. 3052Registrar's No. 332

STATE FILE NUMBER

FILED SEP 14 1962

1. PLACE OF DEATH

a. COUNTY Pettisb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN SedaliaLength of stay in 1b
Lifec. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Bothwell HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mob. COUNTY Pettisc. CITY
OR TOWN SedaliaInside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
R.F.D. #4Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

EARL Joseph DICK

4. DATE OF DEATH

Month

Day

Year

Sept 10 1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-16-1893 69

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farm

11. BIRTHPLACE (City and state or country)

Pettis Co. Mo

12. CITIZEN OF WHAT COUNTRY

U. S. A

13a. FATHER'S NAME

Edward Dick

13b. MOTHER'S MAIDEN NAME

Anna Raus

14. NAME OF HUSBAND OR WIFE

Eloise Dick

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

6 Mrs Eloise Dick Sedalia

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

2 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

massive post. wall infarct

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9/10/62 to 9/10/62 and last saw her alive on 9/10/62
Death occurred at 12:20 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

H. L. Holahan MD

22b. ADDRESS

1116 W 3rd Sedalia Mo

22c. DATE SIGNED

9/11/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9-12-62

23c. NAME OF CEMETERY OR CREMATORY

Crown Hill

23d. LOCATION (City, town, or county)

Sedalia

23e. STATE

Mo

24. FUNERAL DIRECTOR

McLaughlin Bros

ADDRESS

Sedalia

25. DATE RECD. BY LOCAL REG.

Sept 11, 1962

26. REGISTRAR'S SIGNATURE

Francis Shelby per W. Anderson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

ITEM NO.

VS 300
Rev. 4/591 08082 08003 14 05 16 -7 08 09 4201

10

11

12 1-213 1-0

SEP 18 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

K.P.M. Lary

Licensed Embalmer No.

3153

P. O. Address

Sedalia Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.